DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration Submitted with Initial Filing, OR
Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 0100.9900270 First Named Inventor Lili Kang **COMPLETE IF KNOWN Application Number** Filing Date Group Art Unit **Examiner Name**

As a below named inventor, I hereby declare that: My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: SWITCHABLE VIDEO OVERLAY APPARATUS AND METHOD the specification of which: is attached hereto. was file on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.							
I acknowledge the duty to d			tentability as def	ined in 37 CFR 1	.56.		
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign	Country	Foreign Filing Date Priority Not Certified Copy Atta					
Application Number(s)		(MM/DD/YYYY)	Claimed	YES NO			
Additional foreign application	numbers are listed on a	supplemental priority data she	eet PTO/SB/02B atta	iched hereto.			
I hereby claim the benefit under 35							
Application N	lumber(s)		Filing Data (MN	M/DD/YYYY)			
Additional provisional applicat	ion numbers are listed	on a supplemental priority data	a sheet PTO/SB/02B	attached hereto.			
I hereby claim the benefit under 35							

States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patientability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)				

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.



As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number		
Timothy W. Markison	33,534	Christopher J. Reckamp	34,414		
Paul M. Anderson	39,896				
Sally Daub	41,478				

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:			A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any])			Family Name or Surname								
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Inventor's Signature							Date			•	
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Post Office Address											
City:			State:			ZIP:			Country:		
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.											